

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
				RATE		ADDIT. FEE			
TOTAL	35	MINUS	*	36					
INDEP	4	MINUS	**	4					
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									
			*	not fewer than 20					
			**	not fewer than 3					
					TOTAL =	\$ <u> </u> 0		TOTAL = \$ <u> </u> 0	

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to 100 Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
47	100		X \$130	\$[]	X \$260	\$[]	

Petition for Extension of Time

- Applicant hereby petitions to extend the time to respond to the an Office Action dated February 27, 2008 for 2 month(s) from May 27, 2008 to July 27, 2008. The appropriate fee is set forth below.
- [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ _____

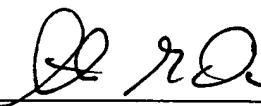
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 2 month Extension of Time	\$ 460
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ 460

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
 Steven G. Davis
 Registration No.: 39,652
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: *July 27 2009*

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	35	MINUS	* 36		X \$ 25	\$	X 50	\$
INDEP	4	MINUS	** 4		X \$105	\$	X \$210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$185	\$	+ \$370	\$
					TOTAL = \$ 0		TOTAL = \$ 0	

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to 100 Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
47	100		X \$130	\$[]	X \$260	\$[]	

Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the an Office Action dated February 27, 2008 for 2 month(s) from May 27, 2008 to July 27, 2008. The appropriate fee is set forth below.

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

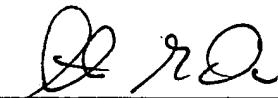
A check is enclosed in payment of the following fees:

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<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ 460

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
 Steven G. Davis
 Registration No.: 39,652
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: *July 27 2003*